

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Health Occupations Credentialing
VERIFICATION OF DIETITIAN LICENSE

APPLICANT: PLEASE MAKE COPIES OF THIS FORM AS NEEDED

Each applicant who applies for a Kansas Dietitian License and who is or has been licensed in another state(s) must submit verification to the department of the license and it's status in the other state(s). The "Verification of Dietitian License" form must be completed by the applicant and the licensing agency of each state in which a dietitian license is/was held.

Part I - Applicant. Complete, sign and date Part I of this application; forward it to the licensing agency in the state(s) where you are/were licensed.

Name: _____

Name which appears on license, if different _____

Date of Birth: _____ Social Security Number _____

State in which licensed _____ License Number _____

Issue Date: _____ Expiration Date: _____

Applicant's Signature _____ Date _____

Part II - State Licensing Agency. Please complete this section concerning the dietitian named above.

Do your records agree with the information in Part I? ☐ YES ☐ NO

If "No", please explain: _____

Is your state the state of original licensure? ☐ YES ☐ NO

If no, according to your records, which state was the state of original licensure? _____

Did applicant meet licensure requirements of: (check all items that apply)

Education

_____ Baccalaureate or postbaccalaureate degree with major course work in dietetics approved or accredited by the American Dietetics Association.

_____ Course of study deemed equivalent to a course of study approved or accredited by the American Dietetics Association.

_____ Academic degree deemed equivalent to a course of study approved or accredited by the American Dietetics Association.

_____ Academic degree validation for foreign transcripts.

_____ Other _____

Experience

- _____ 900 clock-hour planned continuous dietetic practice experience approved or accredited by the American Dietetics Association.
- _____ 900 clock-hour dietetic practice experience deemed equivalent to a dietetic practice approved or accredited by the American Dietetic Association.
- _____ Other _____

Examination

- _____ Pass state dietetic examination.
- _____ Pass national dietetic examination.
- _____ Registered Dietitian status in lieu of examination.
- _____ Other _____

Licensure Status

Is applicant in good standing with your agency at this time? ☐ YES ☐ NO

If no, please explain _____

According to your records, has applicant ever been disciplined by your agency or other state agency?

☐ YES ☐ NO If "yes," please explain _____

According to your records, has the applicant ever been convicted of a crime by any court of your state, or court of any other state, or any federal court of the United States? ☐ YES ☐ NO

If "yes," please explain _____

Additional comments _____

Please return this form to:

Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka KS 66612-1365

(Place state seal here)

Signature

Title

Agency

Address

City State Zip

Telephone Number

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